SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement D								
Public Employer:	Borough of Sea Gi	Borough of Sea Girt				County: Monmouth		
Employee Organization	Teamsters Local 9	Teamsters Local 97 (DPW)			Employees in Unit: 11			
Base Year Contract Terr	1/1/2010	12/31/2010	New Contract	Tem <u>1/1/2011</u>	1/2011 12/31/2013			
Type of Settlement:	☐ Mediated Settle	☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation						
			Colum		Column I			
			Base Year - T (Last Year of Previ		New Base Year - T (First Year of Success)			
Section II: Economic								
Item 1	Salary		\$617,859		\$627,127			
Nem 2	Increment		\$6,268		\$12,543			
Item 3	Longevity	_	\$0		\$0			
ltem 4	Additional Gertifications	_	\$10,800		\$10,800			
ttem 5	Clothing Allowance	·	\$9,900		\$9,900			
Item 6		_						
kem 7		_						
ttem 8				1				
Item 9		_						
ttem 10		_						
Item 11						<u>.</u>		
Item 12				{				
Any additional items list on separ	rate sheet	Additional Rems		·				
Section III: Totals - Sum of cests in each column			\$644,830		\$660,370			
Section III. 1 (tales - and or book in order (which		(Total)						
			(101	al)	(Total)			
		·			· · · · · · · · · · · · · · · · · · ·			
Section IV: Analysis of new s	_		<u>NEW AGREEN</u>	IENT ANALYSIS				
Total Base Year(previous agreer	\$644,830							
Effective Date (m/d/yyyy	1	1/1/2011	1/1/2012	1/1/2013				
Percont Increase		1.5%	2.0%	1.0%				
Total cost of increase		\$9,268	\$12,543	\$6,397				
Tolat base salary (successor agr	reement) ,	\$627,127	\$639,670	\$646,067				
Section V: Impact of Se	ettlement - average annual i	increase over term of agn	eement					
Percentage Impact (average per	year over term of agreement)	1.5%						
Dollar Impact (average per year	over larm of agreement)	\$9,403.00			ns based on plan co			
Continue M			pursuant to		Chapter 78, P.L. 2011			
Section VI				**************************************	. ***			
Health insurance (Indicate costs	associated on each tine)	Base Vear	Year 1					
Cost of Health Plan		\$179,142	\$179,142					
Employee Contributions	K	\$21,889	\$24,113					
Prescription								
Denial	,							
Vision								
The undersioned carti	fies that the foregoing figur	rae ara truo and is awa	a that if any of the fo	reanina items era fals	a clha is subject to numis	emant		
<u>rne undersigned certil</u> Section VII	no cran uno reregioni il High	<u>१६५ वाच प्रघट साथ १२ वर्षका</u>	v agat n arry Di Uni IDI	<u>одоніц коліз ага ідізі</u>	o _l seno is subject to paris	unang.		
	Lorraine	P Carafo		Title:	RMC, CFO	•		
Prepared by:	Y	Print Name v	1	irie.				
	MAY.	MARARIF	(/AM.	A.A Date:	8/14/2013			
	<u> </u>	Signature			-1 11			